Per your email below, please see the below 2017 weekly rates for Kaiser medical plan codes 41001, 41002 and 41030:

## Plan# 41001 - Kaiser S.CA

Client Pays 100% for Employee Only Coverage

Coverage Code	Total Weekly Rate	Employer Weekly Rate	Employee Weekly Rate	
Employee	¢110.17			
Only	\$112.15	\$112.15	\$0.00	Legacy
Employee + 1	\$224.30	\$112.15	\$112.15	
Family	\$336.44	\$112.15	\$224.29	

## Plan# 41002 - Kaiser S.CA

Client Pays 75% for Employee Only Coverage

Coverage Code	Total Weekly Rate	Employer Weekly Rate	Employee Weekly Rate	
Employee				
Only	\$112.15	\$84.11	\$28.04	Legacy
Employee + 1	\$224.30	\$84.11	\$140.19	
Family	\$336.44	\$84.11	\$252.33	

## Plan# 41030 - Kaiser S.CA

**Client Pays 90% for Employee Only Coverage** 

Coverage Code	Total Weekly Rate	Employer Weekly Rate	Employee Weekly Rate	
Employee				
Only	\$112.15	\$100.94	\$11.21	
Employee + 1	\$224.30	\$100.94	\$123.36	Legacy
Family	\$336.44	\$100.94	\$235.50	

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